

APPLICATION FOR TRANSIT BENEFITS
DOC-NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION
(FORM MUST BE COMPLETED)NAME: _____
(Last) (First) (M.I.) (Last 4 Digits of Social Security No.) (Grade/Rank)HOME Address: _____
(Street) (City) (State) (Zip)Work Address: _____
(Agency) (Bureau) (Office) (Room)_____
(Address) (City) (State) (Phone Number)**PREVIOUS MODE OF TRANSPORTATION USED FOR COMMUTING:** (Please check all that apply)

____ Car	____ Car/Van Pool	____ Commuter Bus	____ Metro Bus	____ Metro Rail	____ Other
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MASS TRANSIT BENEFIT MODE OF COMMUTING: (Please check all that apply)

Your Metropolitan Area Transit:			Locally Approved:		
____ Bus	____ Rail	____ Subway	____ Ferry	____ Commuter Bus	____ Commuter Train
			____ Van Pool*	____ Other	

*Vanpools must have seating for six passengers and a minimum of 80% of mileage must be used for transporting employees to and from work.

EMPLOYEE CERTIFICATION: I HEREBY CERTIFY THAT I AM EMPLOYED BY THE DEPARTMENT OF COMMERCE, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA) AND AM NOT NAMED ON A **WORK SITE PARKING PERMIT** WITH DOC/NOAA, ANY OTHER FEDERAL AGENCY, OR ANY COUNTY PARKING BENEFIT PROGRAM. I ALSO CERTIFY THAT I AM ELIGIBLE FOR A PUBLIC TRANSPORTATION SUBSIDY BENEFIT, WILL BE USING IT FOR MY REGULAR DAILY COMMUTE TO AND/OR FROM WORK, WILL NOT TRANSFER IT TO ANYONE ELSE. IN ADDITION, I CERTIFY THAT THE MONTHLY TRANSIT BENEFIT I AM RECEIVING **DOES NOT EXCEED** MY AVERAGE MONTHLY COMMUTING COST (BASED ON A 20-DAY MONTH COMMUTING BY PUBLIC TRANSPORTATION). I certify in any given month, I will not use the Government-provided transit benefit in excess of the statutory limit. If my commuting costs per month on public transit exceed the monthly statutory limit, then I will supplement those additional costs with my own funds rather than use a Government provided transit benefit designated for use in a future month. I certify that my usual monthly commuting costs are: \$_____.

THIS CERTIFICATION CONCERNS A MATTER WITHIN THE JURISDICTION OF AN AGENCY OF THE UNITED STATES AND MAKING A FALSE, FICTITIOUS, OR FRAUDULENT CERTIFICATION MAY RENDER THE MAKER SUBJECT TO CRIMINAL PROSECUTION UNDER TITLE 18, UNITED STATES CODE, SECTION 1001. CIVIL PENALTY ACTION PROVIDING FOR ADMINISTRATIVE RECOVERIES OF UP TO \$5000 PER VIOLATION, AND/OR AGENCY DISCIPLINARY ACTIONS UP TO AND INCLUDING DISMISSAL.

X _____
(Applicant Signature) (Date)

Privacy Act Statement: This information is solicited under authority of 5 U.S.C. Sections 301 and 7905. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the fund involved. This information will be provided to the Department of Transportation for processing of benefits. This information will be matched with lists at other Federal agencies to ensure that you are not listed as a carpool or vanpool participant or a holder of any other form of vehicle work site parking permit with Department of Commerce/NOAA or any other Federal or County agency.

COMPLETED BY EMPLOYEE'S SUPERVISOR:

LINE/STAFF OFFICE: (check one)

NESDIS NWS NOS NMFS OAR OFA USEC GC OMAO SAO HPCC

Enter Appropriate Dollar Amount of the Fare Media Requested: \$_____ (Monthly Cost) Not to exceed \$65 per month.

x _____
(Supervisor's Signature) (Print Name) (Date) (Org/Task) (Project Code)

COMPLETED BY POINT OF CONTACT DESIGNATED BY LINE/STAFF OFFICE:

Signature indicates that the information provided has been reviewed:

(Print Name) (Signature) (Phone Number) (Date)